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FIG. 1

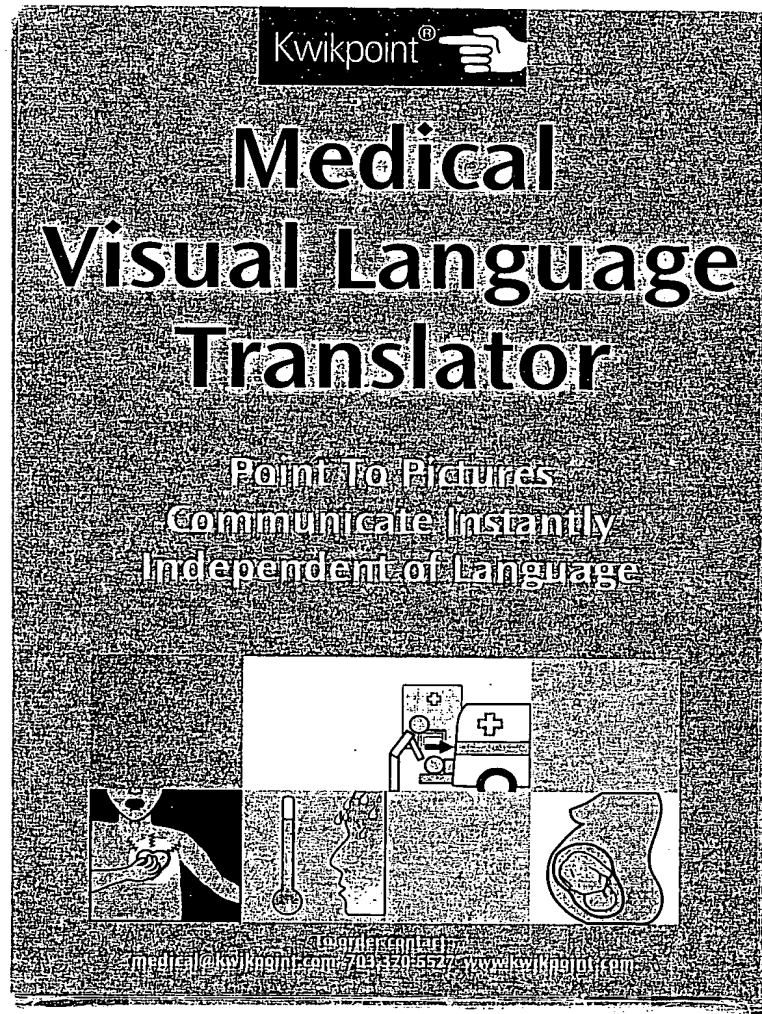


FIG. 2

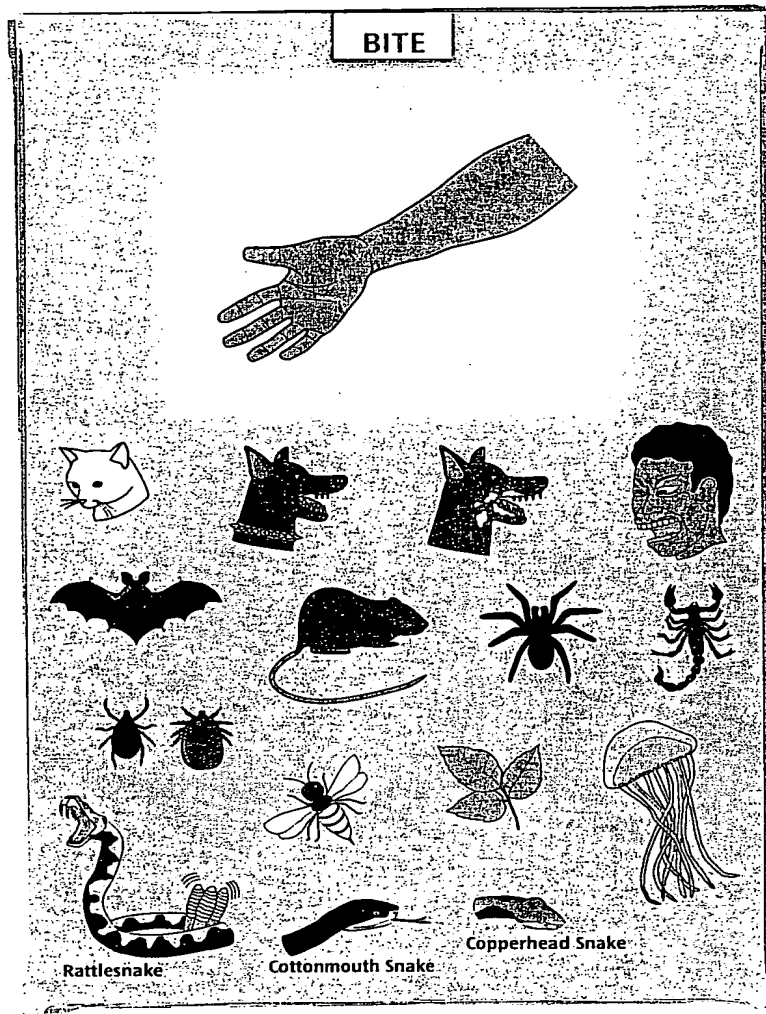


FIG. 3

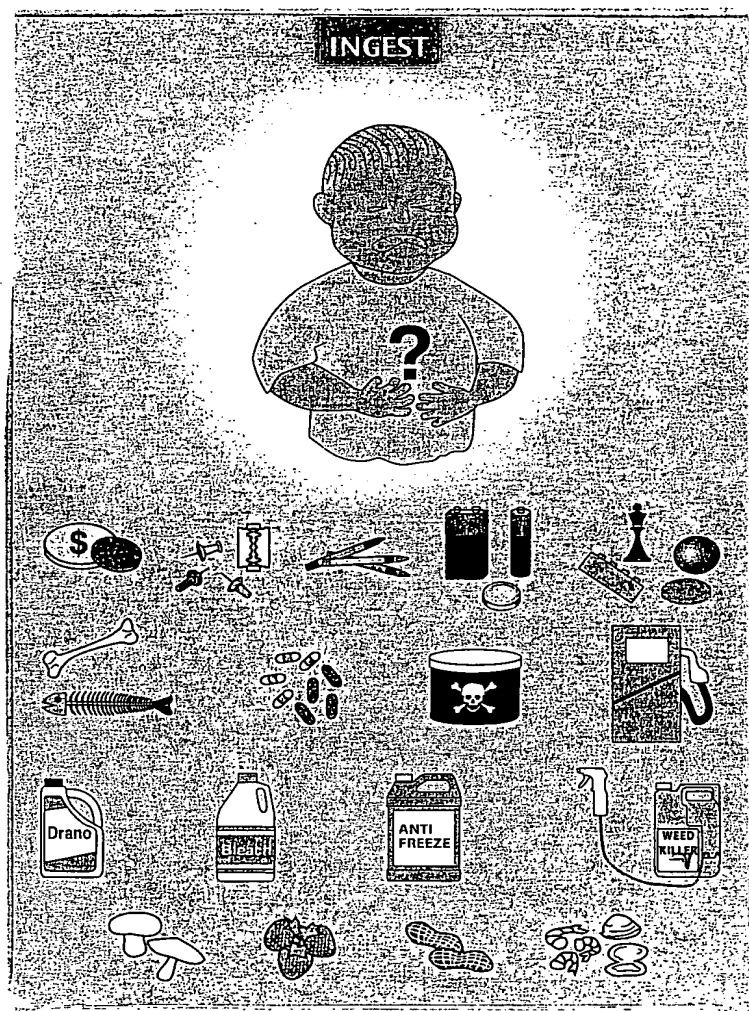


FIG. 4

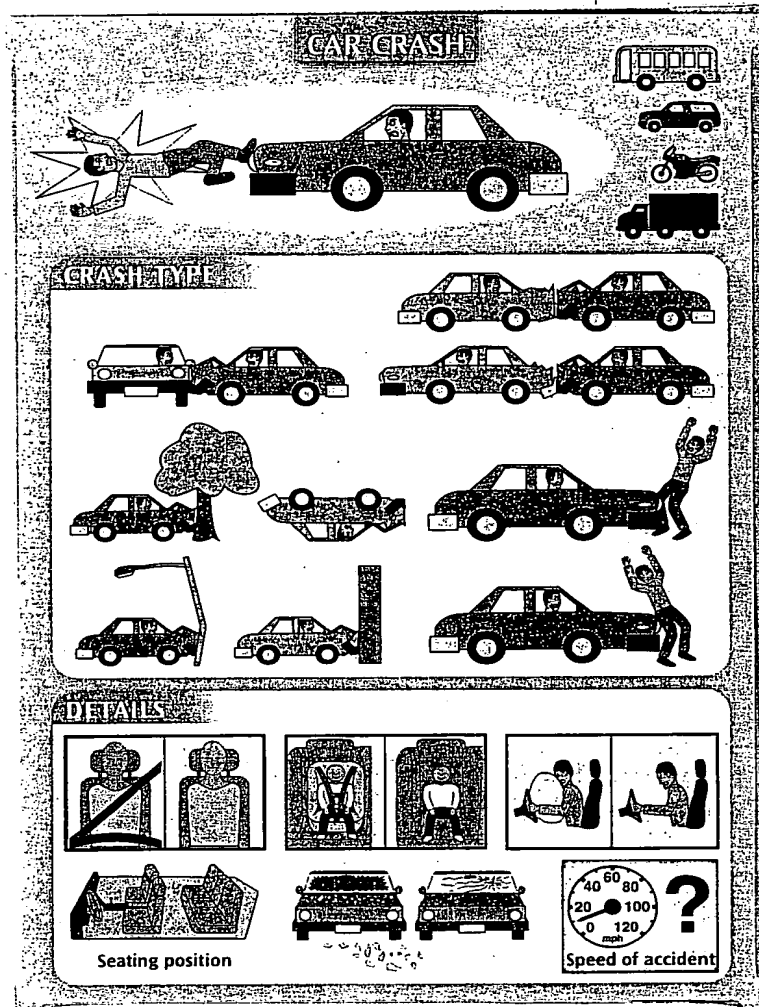


FIG. 5

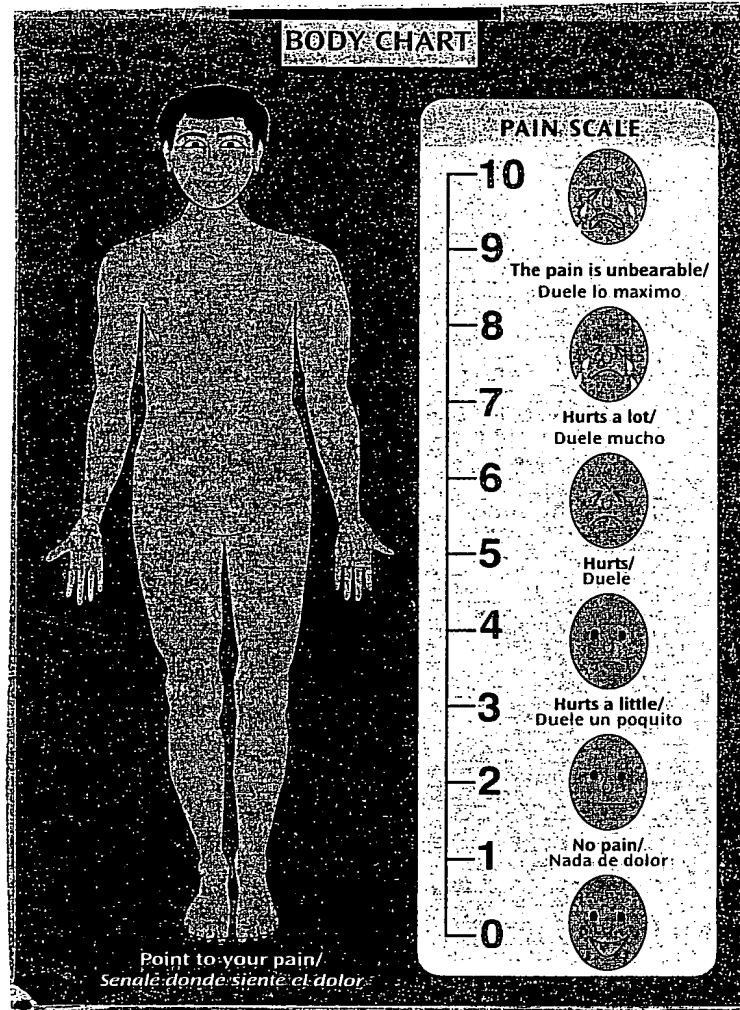


FIG. 6

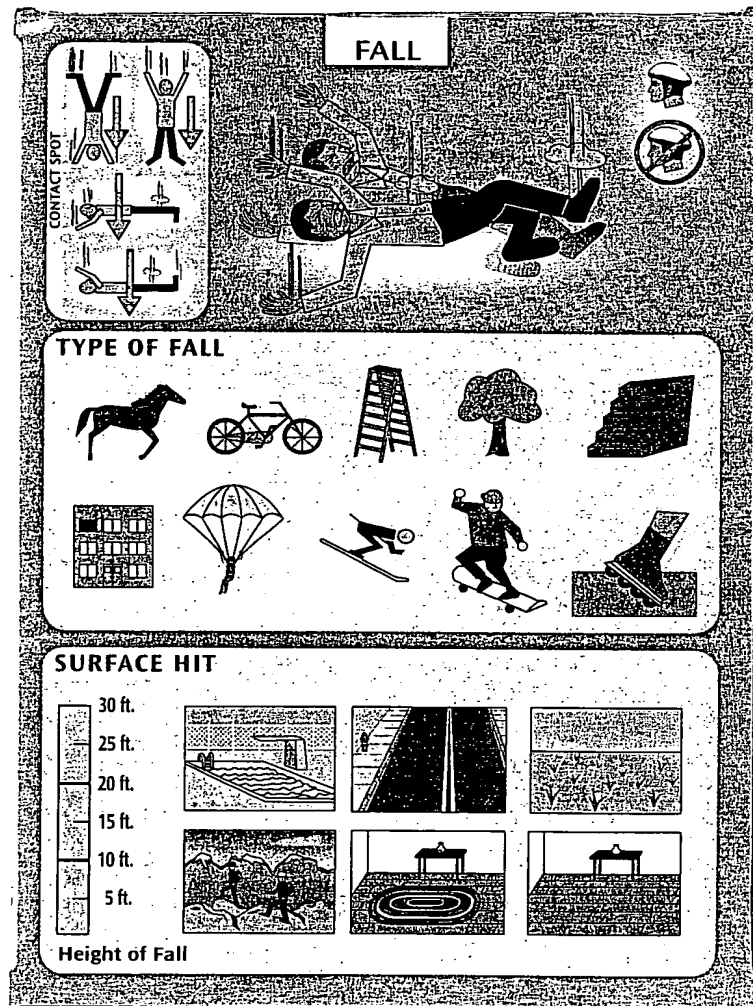


FIG. 7

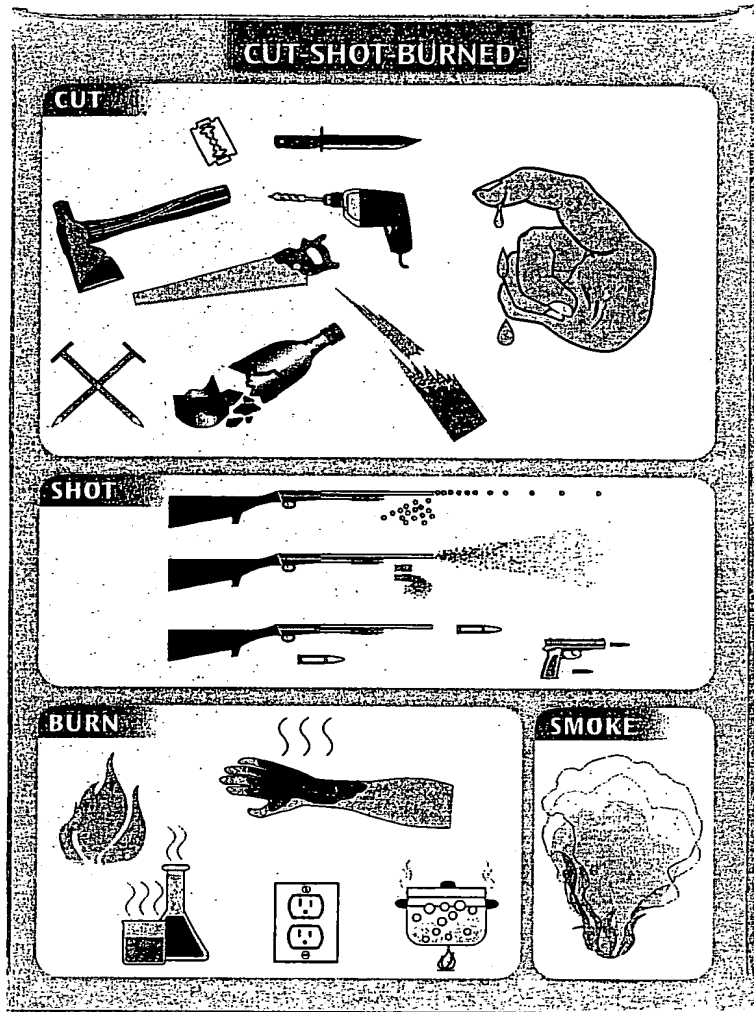


FIG. 8

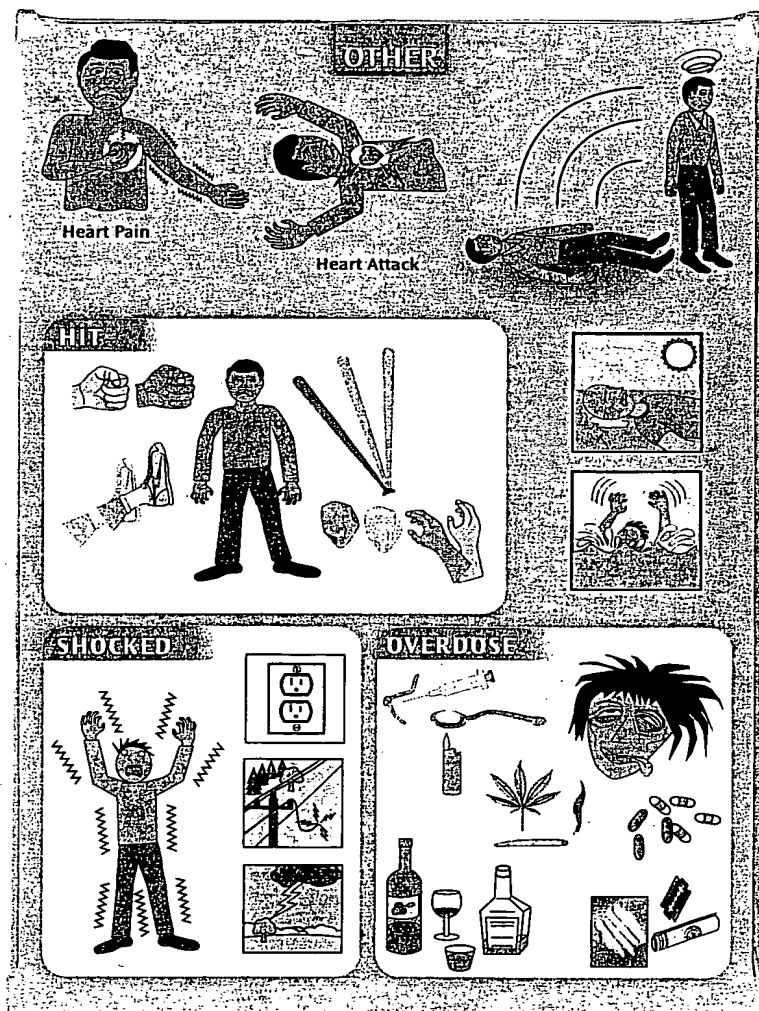


FIG. 9

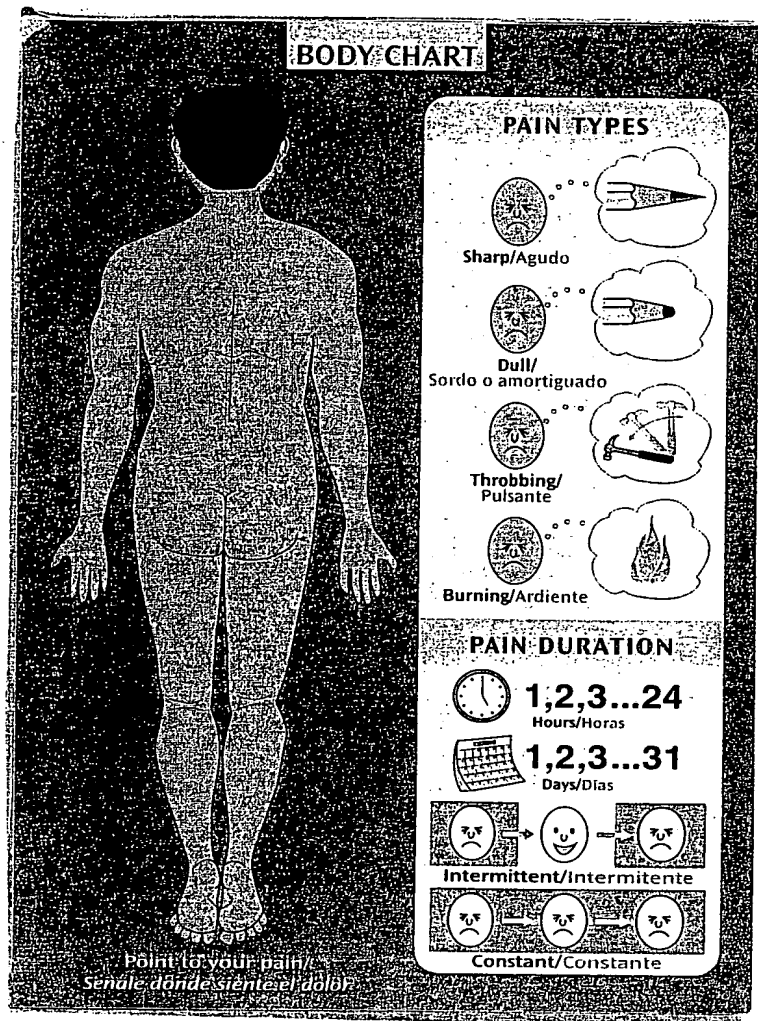


FIG. 10

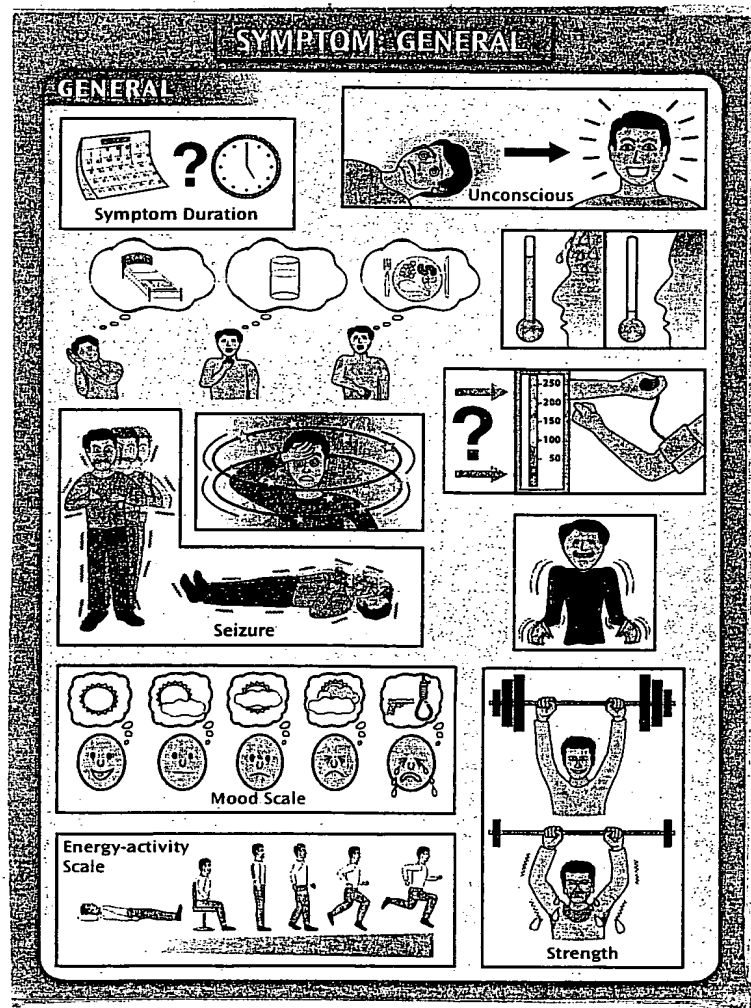


FIG. 11

KEY INFORMATION: BASICS

IDENTIFICATION

Name/ID

John Smith
123 Main Street
City, State 12345

1

? John Smith
123 Main Street
City, State 12345

AGE

?

0 10 20 30 40 50 60 70

FAMILY TREE

CLERGY

FIG. 12



FIG. 13

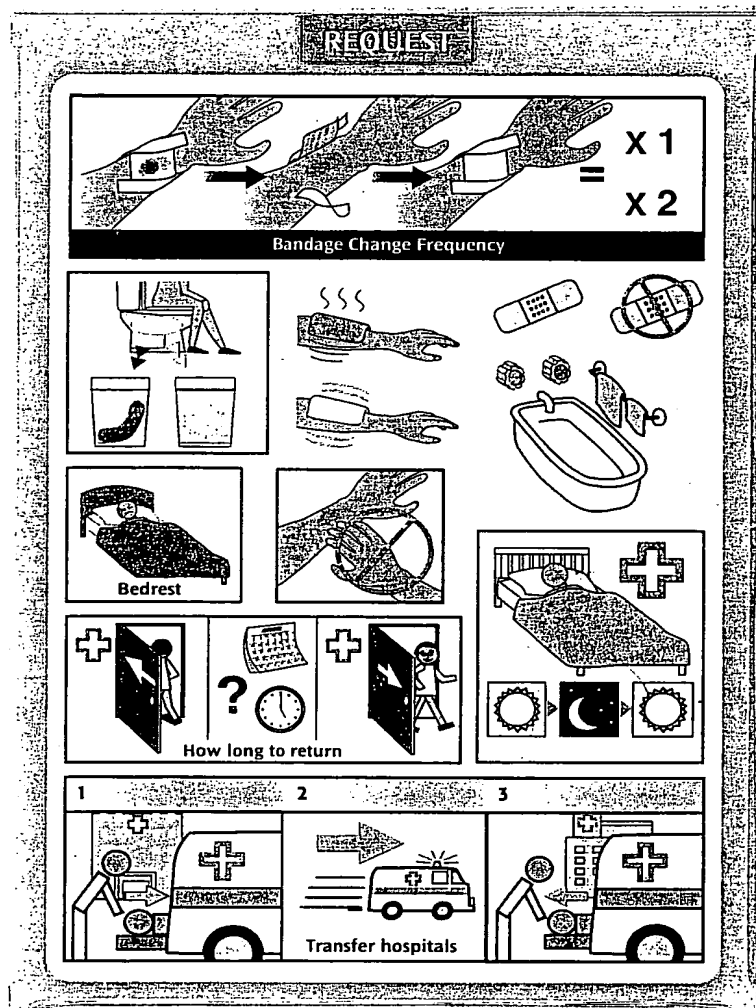


FIG. 14

MEDICATION INSTRUCTIONS

Instructions: Circle for prescribed dosage and frequency.

<div>AM</div>					
<div>PM</div>					
<div>PM</div>					
<div>PM</div>					

NOTE: Physician write dates in this box.

MEDICATION DURATION

?

start date
end date

SIDE EFFECT PROBABILITY

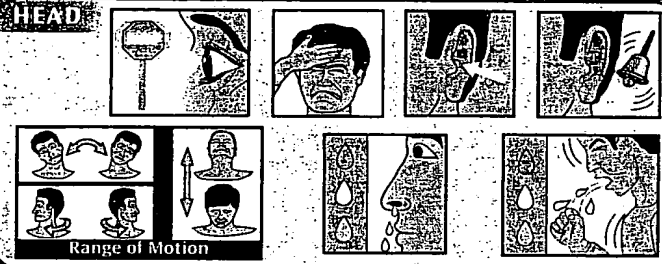
0%

100%

FIG. 15

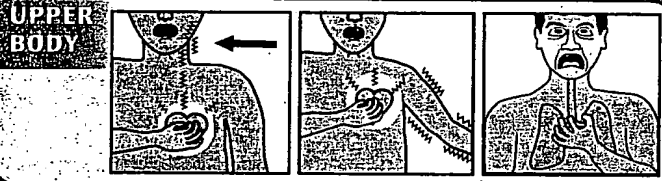
SYMPTOM HEAD/OTHER

HEAD




Range of Motion

UPPER BODY



DIGESTIVE



PAIN SCALE

0 ————— 5 ————— 10

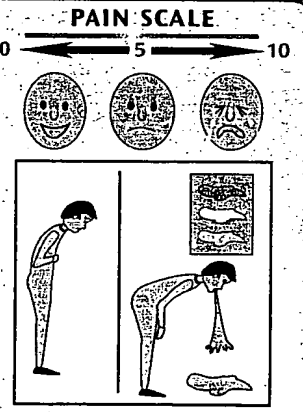


FIG. 16

KEY INFORMATION: BACKGROUND

Last Menstruation

Diabetic

When last ate?

Frequency

Current Meds

When was your last heart attack?

Suicidal Thoughts

Drug and Alcohol History

1x, 2x, 3x...?x

FIG. 17

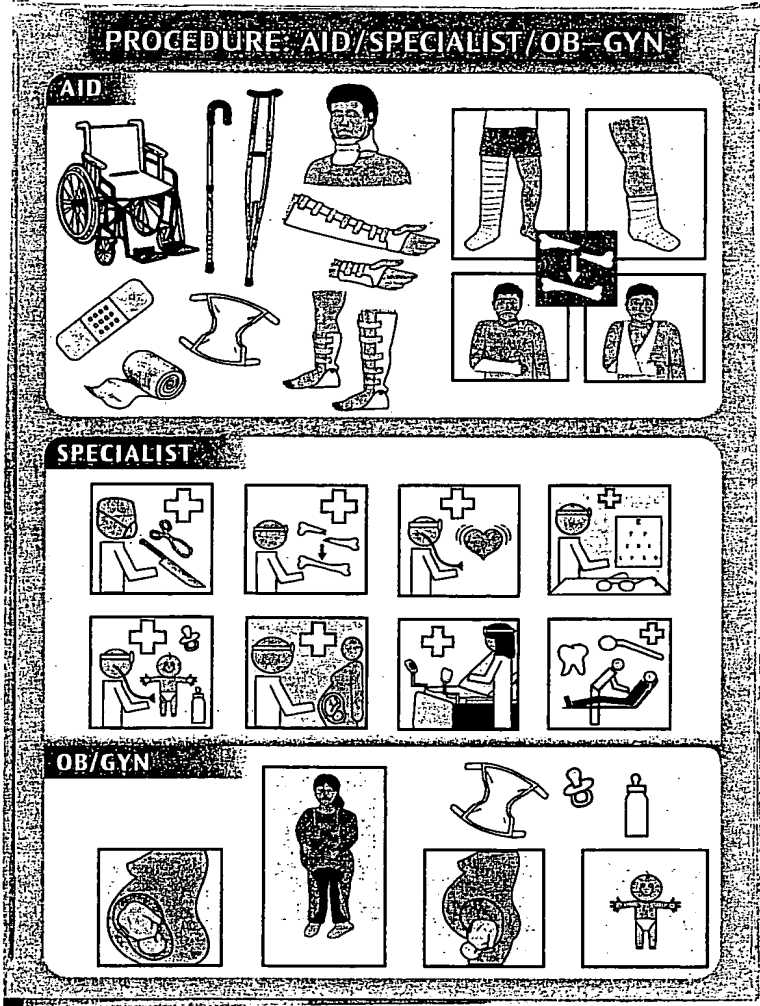


FIG. 18



FIG. 19

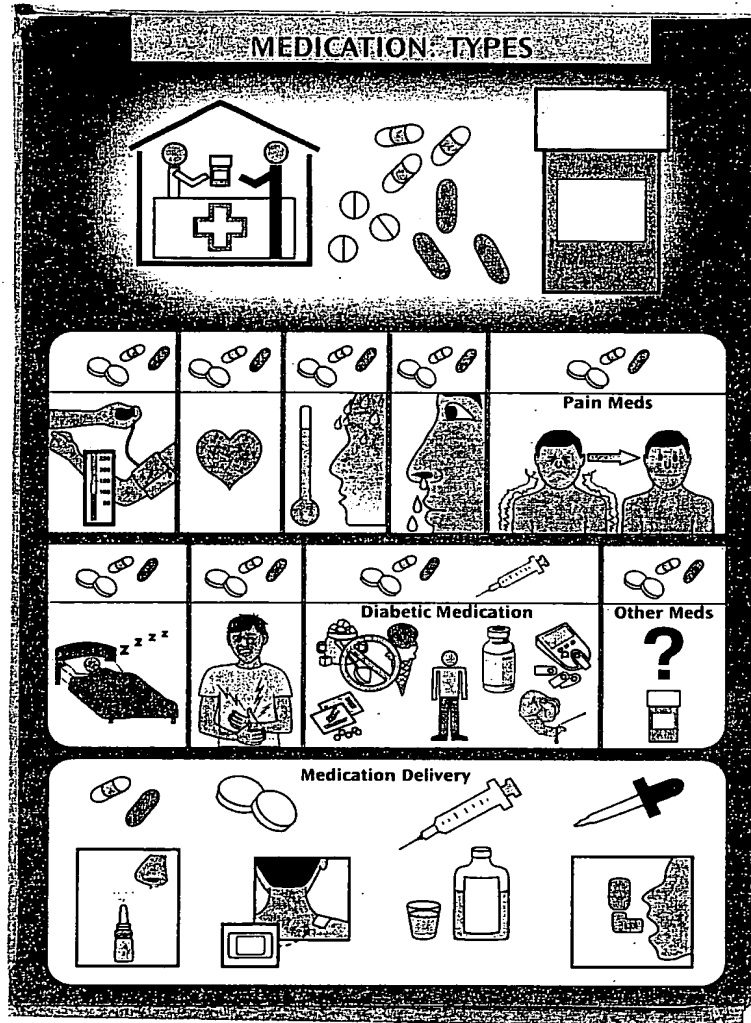


FIG. 20

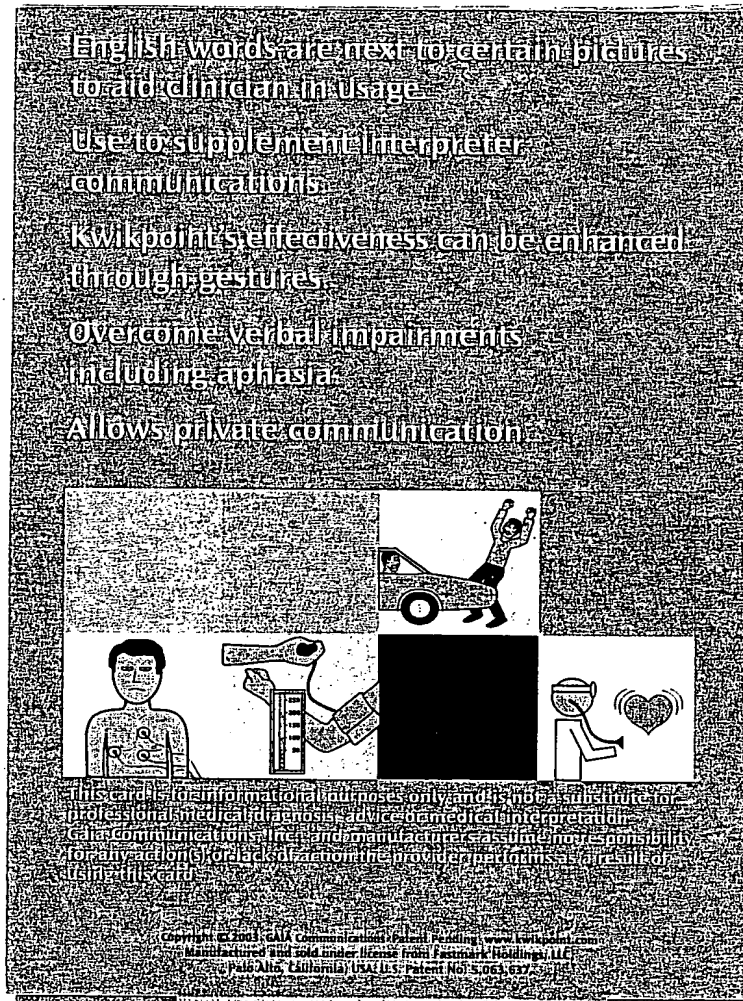


FIG. 21

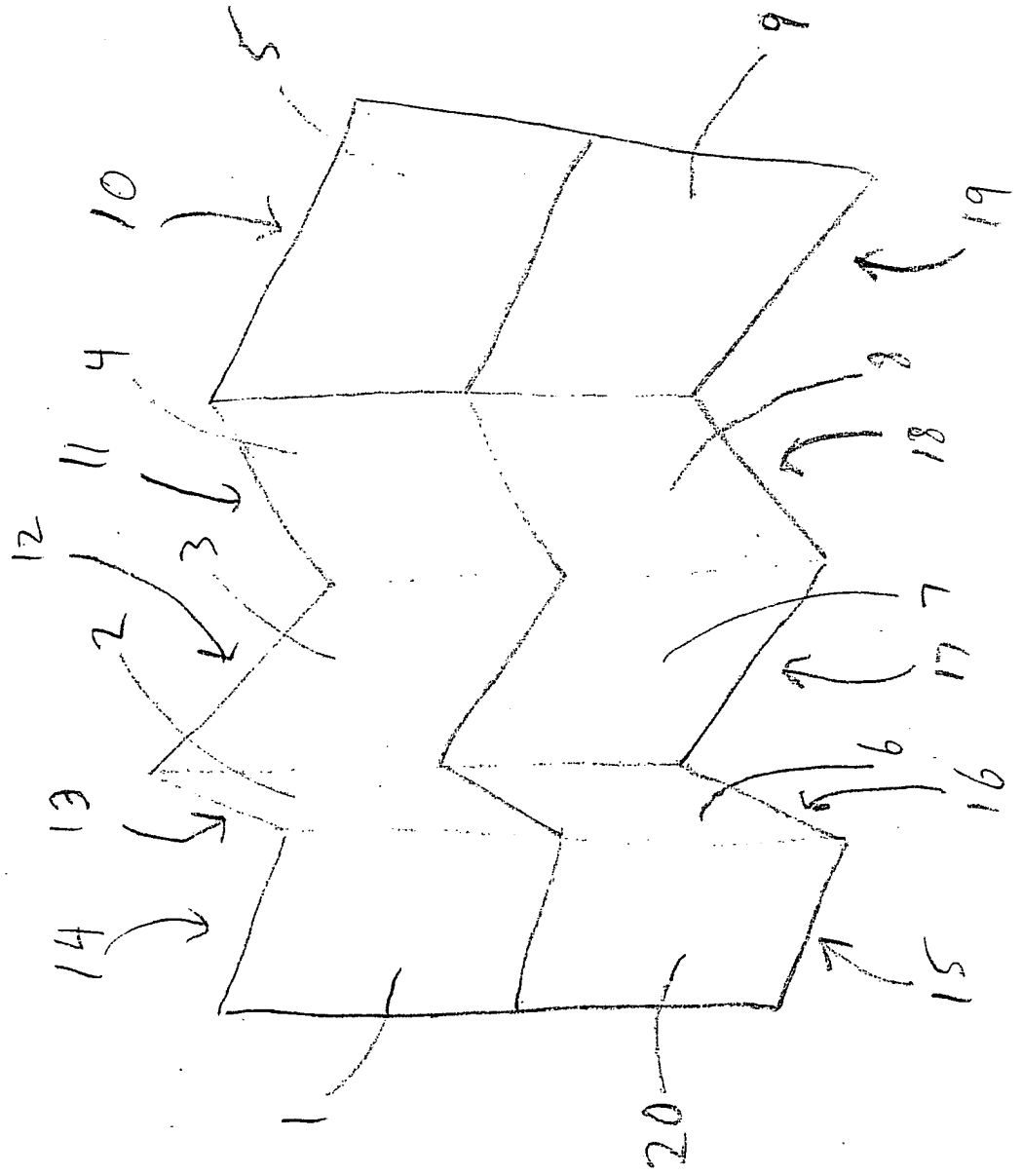


FIG. 22

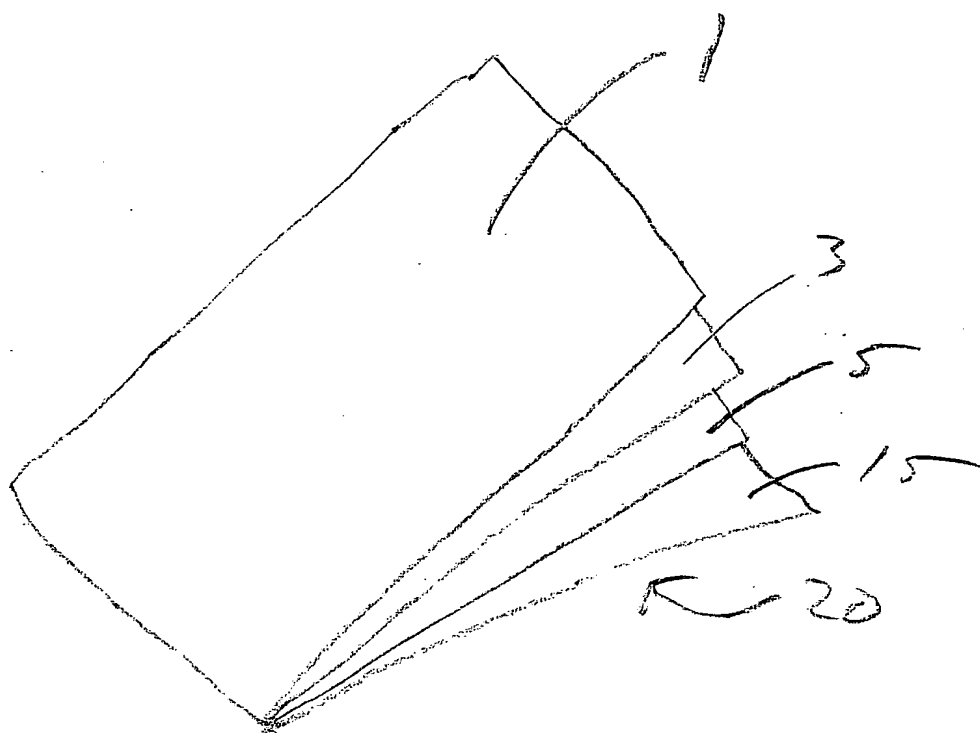


FIG. 23

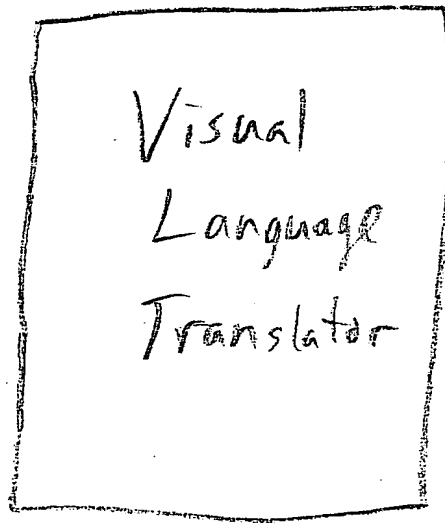


FIG. 24

